

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

C. Burt

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓			↓
TOTAL DEP.	↑		↑		↑	
TOTAL CLAIMS	↓	↓	↓	↓	↓	↓

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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100						
TOTAL IND.			↓			↓
TOTAL DEP.	↑		↑		↑	
TOTAL CLAIMS	↓	↓	↓	↓	↓	↓

Charisse Burt

BEST AVAILABLE COPY